



# HUNTER WESTERN HORNETS TOUCH FOOTBALL

## GENERAL BUSINESS ITEM

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**DATE:** ..... / September / 2018

**TO:** Assistant Regional Director – Hunter Western Hornets Touch Association

**FROM:** ..... of ..... Touch Assoc.

**SUBJECT:** General Business Item/s

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Item:

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Comments:

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Recommendations:

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**Moved by:** .....

Signature: .....

Date: ..... / September / 2018

We confirm the above named meets the requirements of the NSWTA and Hunter Western Hornets Touch Association Constitution.

**X**

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Affiliate President